

CERTIFICATE OF LIMITED LIABILITY PARTNERSHIP

Office of the Secretary of the State

30 Trinity Street / P.O. Box 150470 / Hartford, CT 06115-0470, Rev. 05/07/2004

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Please contact the Department of Revenue Services or your tax advisor as to any potential tax liability relating to your business.

1. NAME OF THE LIMITED LIABILITY PARTNERSHIP:

2. PRINCIPAL OFFICE ADDRESS OF THE LIMITED LIABILITY PARTNERSHIP:

3. APPOINTMENT OF STATUTORY AGENT FOR SERVICE OF PROCESS:
(Complete only if principal office stated above is not located in Connecticut)

Name of agent:

Business address:

Residence address:

Acceptance of appointment

Signature of agent

4. BUSINESS IN WHICH THE LIMITED LIABILITY PARTNERSHIP ENGAGES:

5. OTHER PROVISIONS:

The partnership hereby applies for status as a registered limited liability partnership.

EXECUTION:

Dated this _____ day of _____, 20____.

6.

7.

Name of person forming LLP/partner

Signature